

Current trends . . .



in drug abuse.

 Bruce R. Talbot Associates
[http:// DrugRecognition.com](http://DrugRecognition.com)



Sergeant Bruce R. Talbot retired in June of 2002 after 26 years of police service in the Chicago metropolitan area. He earned a bachelor of science degree from Southern Illinois University and a Master of Public Administration degree from Roosevelt University in Chicago.

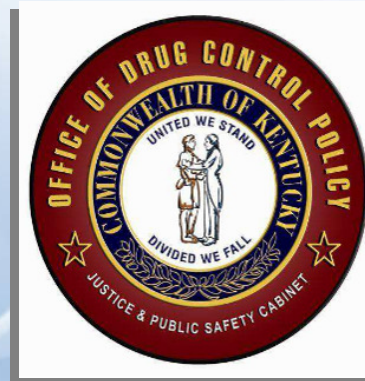
Sergeant Talbot is recognized as an expert in the area of Gateway Drugs and teaches on the topic of drug abuse throughout the United States and Canada. He has been qualified as an expert witness in criminal court trials in Illinois and Texas, and has testified as an expert witness before two United States Senate committees. Sergeant Talbot is also an approved provider by the U.S. Center for Substance Abuse Prevention.

Sergeant Talbot has appeared on the NBC "Today Show," CNN "Talk Back Live", CBS "Eye On America", ABC "A Closer Look" and international programs including the BBC "Science Frontiers," and the CBC "Market Place." He has been featured in major newspapers such as The New York Times and Chicago Tribune. He also authored a feature story in the Saturday Evening Post and has co-authored scientific research on the effectiveness of police enforcement to control adolescent gateway drug use published in the Journal of Applied Behavior Analysis, November 1999. Sergeant Talbot is a featured contributor to the Illinois State Police Quarterly Drug Trends report focusing on emerging drugs and changing drug patterns in Illinois.



Purpose of this Training—

- ✦ Update drug trends in Kentucky.
- ✦ Focus on narcotics abuse.
- ✦ Examine new synthetic drugs emerging on the street.
- ✦ Discuss how adolescent drug abuse has changed.



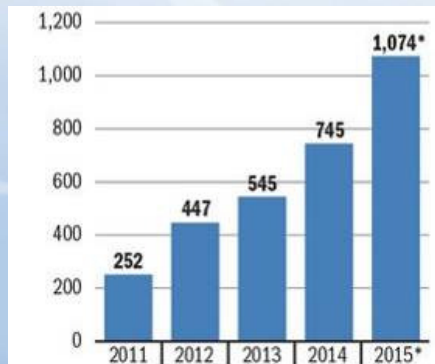
©2016 Bruce R. Talbot Associates LLC

This seminar will provide an awareness of the ever changing nature of substance abuse with a special focus on:

- Narcotics abuse including heroin and designer synthetic narcotics just appearing on the street.
- A review of 2015 Kentucky Office on Drug Policy Control report on narcotics abuse in Kentucky.
- Video clips of drug abusers to recognize symptoms of abuse and study drug paraphernalia.
- Examine case studies of recent narcotics overdose deaths.
- Discuss the recent increase in cocaine seizures and the possible impact on Kentucky drug abuse.
- Relate the changes in adolescent marijuana abuse and the impact of medical marijuana in Kentucky surrounding CBD.

The material in this text is a combination of federal, state and local law enforcement reports as well as newspaper and television news accounts and is intended for educational purposes only. Permission to quote and non-for-profit reproduction of this material is approved providing proper accreditation of the source material is acknowledged.

February, 2016 Report: “The Kentucky Heroin Epidemic”



*Through November

Source: St. Elizabeth Healthcare

The Enquirer

Heroin Overdoses 2011-2015

©2016 Bruce R. Talbot Associates Inc.

- ✦ Heroin seizures nearly doubled in Kentucky.
- ✦ 31.9% drug deaths are heroin related.
- ✦ Reduction in R_x narcotics blamed.
- ✦ Heroin half the price of OxyContin pills.

Heroin Hot Spots:
Bell, Clinton, Breathitt,
Floyd, Perry, Harlan.

The February, 2016 report issued by the Kentucky Office on Drug Police Control documents the rapid increase on heroin abuse in the state over the past three years. Heroin overdose deaths **increased by 650 percent** and the 2016 trend appears to be continuing. A November, 2015 report states heroin overdose visits to the five emergency rooms for St. Elizabeth Healthcare in Northern Kentucky climbed more than 73 percent with 1,074 events.**

The February 2015 reports notes the driving factor related to the increase of heroin deaths: *“Police in Louisville and the Northern Kentucky suburbs of Cincinnati said they began seeing more heroin as early as four years ago, but it was in the last 12 months that heroin had increased dramatically. A growing number of young people who began abusing expensive prescription drugs are switching to heroin, which is cheaper and easier to buy. The reason may come down to basic economics: illegally obtained prescription pain killers have become more expensive and harder to get, while the price and difficulty in obtaining heroin have decreased. An 80 mg OxyContin pill runs between \$60 to \$100 on the street. Heroin costs about \$9 a dose. Even among heavy heroin abusers, a day’s worth of the drug is cheaper than a couple hits of Oxy.”*

On a per capita basis, the top six Kentucky counties for heroin deaths are: Bell, Clinton, Breathitt, Floyd, Perry and Harlan.

*Full report is available at: <http://odcp.ky.gov/Pages/Overdose-Fatality-Report.aspx>

**<http://tinyurl.com/KYheroinOD>

Heroin Can Be Any Color:

Corner Ties, Gel Caps, Snow Seals, Dime Bags



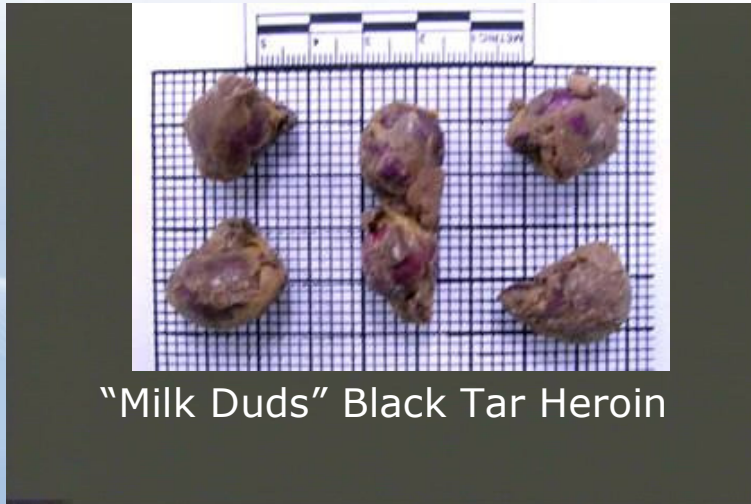
©2013 Bruce R. Talbot Associates Inc.

There are four unique ways to convert morphine base into heroin. Classic “China White” heroin is a very fine grade pure white powder and was the standard for heroin for decades. As illicit chemists began to experiment with new production techniques, three more processes were discovered that are easier, faster, and cheaper. Flooding the streets of America with a lower cost product is Mexican brown and “Black Tar” heroin. Black Tar heroin is the least expensive process to convert morphine into heroin, but it also produces a product inferior to China White. Street heroin is often mixed with various substances, including sugar, starch, quinine, and sometimes, strychnine or other poisons, causing an added danger to using heroin and changing the color of heroin.

Over 90 percent of heroin found in America is grown and refined in Mexico and South America (49% South America, 44% Mexico 7% Asia). According to a D.E.A. report, the average purity of heroin in 2013 was 35.5 percent pure.* However, several samples were over 50 percent pure and the highest sample was 89.7 percent pure. Because of the wide variance in purity levels, overdose deaths are common. A user who is used to 35 percent pure heroin and unknowingly buys 60 percent pure heroin is likely to overdose on the drug.

**“Domestic Heroin Monitor Program 2013”, DEA Intelligence Report, September, 2015
available at: <http://tinyurl.com/2015HeroinPurity>*

Video Clip: Black Tar Heroin



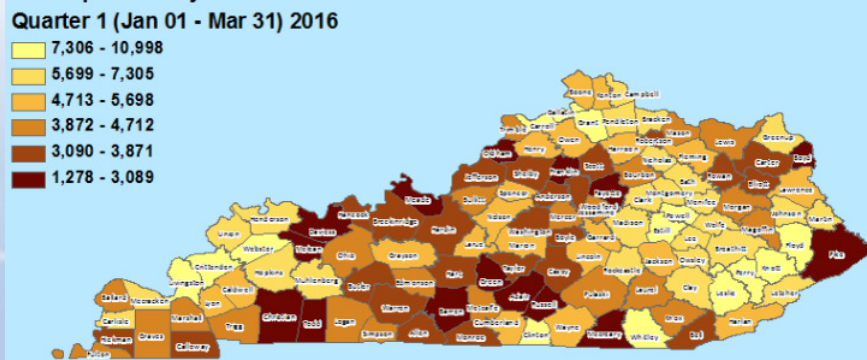
This video clip is from the Steven Okazaki documentary titled *"Black Tar Heroin: The Dark End of the Street"* and was featured on HBO. Filmed over a three-year period in San Francisco, teenagers (as young as 14) are shown in a hopeless loop of injecting heroin and working the streets as prostitutes. In the clip, a close-up view of black tar heroin is shown, along with mixing it into a usable solution and finally injecting the drug into the neck.

"Black tar" heroin is produced in Mexico, may be sticky like roofing tar or hard like coal, and its color may vary from dark brown to black. The color and consistency of this type of heroin result from the crude processing methods used to illicitly manufacture this substance.

Among high school students surveyed as part of the Monitoring the Future Study, 1.6 percent of eighth graders, 1.5 percent of tenth graders, and 1.5 percent of twelfth graders reported using heroin at least once during their lifetimes. Regarding the ease by which one can obtain heroin, 15.6 percent of eighth graders, 18.8 percent of tenth graders, and 27.9 percent of twelfth graders surveyed reported that heroin was "fairly easy" or "very easy" to obtain. In addition to the effects of the drug itself, users who inject heroin also put themselves at risk for contracting HIV, hepatitis B and C, and other blood-borne viruses. About 1 percent of eighth graders, 0.9 percent of tenth graders, and 0.7 percent of twelfth graders reported that they have injected heroin at least once during their lifetimes.

Heroin abuse in Kentucky has increased in 2015 while prescription narcotics abuse has fallen compared to 2013.

1st Qt. 2016 Kentucky Rx Abuse



Top OxyCodone 1st Qt. 2016 by Zip Code Map

2016: Vicodin top Rx drug in Kentucky: 39 up from 37%

69% of controlled Rx are narcotics.

©2016 Bruce R. Talbot Associates LLC

Data from the 1st Quarter 2016 Kentucky Prescription Drug Report (KASPER)* from the Kentucky Office of Drug Control Police found hydrocodone (Vicodin, Lortab, Norco) has increased from 37 percent of all controlled prescription drugs to 39 percent. The more powerful OxyCodone accounts for 18 percent, with the narcotic Ultram accounting for another 9 percent. Suboxone represents only 3 percent of the total. The above map, broken down by Kentucky Zip Codes, shows the relative numbers of OxyCodone prescription narcotic prescriptions written per 100,000 population in the 1st quarter of 2016. Many times, abusers of prescription narcotics will poly-drug with a prescription depressant. KASPER data shows 24 percent of all controlled perscription drugs in Kentucky were depressants. Xanax is the most popular representing nearly 10 percent of the total, followed by Klonopin (a strong anti-seizure drug often abused for sex assaults), and Valium and Lorzapam with 4 percent each.

The good news in Kentucky is tempered by the following statement from the report, teen prescription narcotics abuse is switching to heroin from Vicodin and OxyContin because heroin is easy to obtain and is much cheaper than prescription narcotics. Heroin can be purchased in Kentucky for only \$9 per dose so an entire day's worth of heroin is less expensive than a single dose of OxyContin.

*The full report is available at: <http://tinyurl.com/KASPER2016>

Case Study: “Prince”

- ✦ **Decades of Oxycodone abuse.**
- ✦ **Pain from knee and hip pain.**
- ✦ **Overdose 1 week earlier**
Moline, IL Narcan injection.
- ✦ **Fentanyl cause of death.**
- ✦ **Weight was 112 lbs at time of death.**
- ✦ **Was about to enter addiction rehabilitation center.**



**Feb. 2016
Passport Photo**

©2016 Bruce R. Talbot Associates Inc.

The April 21, 2016 death of famed musician “Prince” could have easily been the case study of thousands of other prescription narcotics abusers. A family attorney disclosed that Prince had been abusing the narcotic OxyCodone “for decades” prior to his death to cope with knee and hip pain, reportedly caused by jumping on stage in high heel shoes. Prince was known to frequent several area pharmacies near his Minnesota home and was photographed pacing in the parking lot outside one of the drug stores just before his death. On April 15 the private jet used by Prince made an emergency landing at the Quad Cities commercial airport in Moline, Illinois when the musician lost consciousness on the plane en route to his Minnesota home.

Paramedics met the plane upon landing and administered Narcan which saved the singer's life. Prince spent the night in a local hospital because Narcan only lasts 15 minutes whereas, the half-life of OxyCodone is 3 ½ hours, meaning the drug can be found in the blood stream for roughly 24 hours after last use. OxyCodone is a much stronger relative of the very popular Vicodin (hydro-codone) and, as with all narcotics, becomes less and less effective the longer it is used. In addition to the pain masking properties, narcotics also produce a warm, euphoric sensation which can lead to overdose. On June 3, 2016 the medical examiner announced the actual cause of death was “accidental self-administered fentanyl overdose.”* Federal and State law enforcement continue to investigate how the narcotics were obtained and if criminal charges against the supplier of the drugs are warranted.

*<http://tinyurl.com/PrinceFentanylOD>

What is Fentanyl? CBS News Video



The U.S. Center for Disease Control (CDC) report states the current trend of adding fentanyl to street heroin, in an effect to boost the narcotic rush and ultimate intoxicating effect has killed over 1,000 people since 2008. With street names such as “Bud Ice” and “Income Tax” heroin packets containing fentanyl have caused a rash of narcotics over dose deaths, including 22 in Pittsburg, with additional deaths in Philadelphia, Maryland, Rhode Island, New York and Florida during the opening months of 2014.

In this video clip from the February 2, 2014 CBS Evening News, Dr. Neil Capretto, medical director of Gateway Rehab in Pennsylvania, talks about the motivations of both the drug seller and drug user to mix fentanyl with heroin. The CBS report was prompted by the high profile heroin-death of academy award winning actor Seymour Philip Hoffman in New York City. Reportedly, Hoffman had eith baggies of suspected heroin in his apartment labeled “King of Hearts”. New York police are suspicious the bags contained heroin because Hoffman still had the needle in his arm when he was found dead on his bathroom floor.

What is left unsaid in the video report is information from the CDC report on the rash of New England fentanyl deaths that most of the deaths were “poly-drug” abusers. Ten out of twelve fentanyl deaths had various mixtures of other drugs, including cocaine (58%), other narcotics (33%), alcohol (25%), and Xanax(17%).*

*http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a5.htm?s_cid=mm6234a5_w

Vicodin: #1 Narcotic Problem

Hydrocodone: Vicodin, Lortab, Norco, generics.



#1 in police narcotics seizures, 40 deaths avg. every day!

Vicodin New Rules Sch. II:

1. No phone orders, must be written script of E-file.
2. No auto-refills allowed.
3. No P.A's or N.P. allowed.
4. Physical Therapy and non-narcotics to be used first.
5. Limit use to 3-days (10-pills).
6. Some exceptions allowed.

Tramadol is the new Vicodin

©2016 Bruce R. Talbot Associates Inc.

It has been called “the worst epidemic of unintentional drug overdose in U.S. history” and the Centers for Disease Control says it is “doctor-driven.” Over 2 million Americans abuse Vicodin® (hydrocodone) and related prescription narcotics resulting in more than 40 deaths every day from accidental drug overdoses. In response, the federal government, effective October 6, 2014, reclassified hydrocodone combination products from schedule III narcotics to schedule II.* This change places Vicodin and other related narcotics as “Black Box” warning as being highly dangerous substances. It limits who can provide the drug, generally, a Nurse Practitioner or Physician Assistant will no longer be allowed to prescribe hydrocodone products. Prescribing doctors are recommended to prescribe physical therapy and a non-narcotic pain reliever (prescription strength Advil®) before prescribing Vicodin or other hydrocodone products such as Lortab® and Norco®. When a doctor does prescribe hydrocodone products, the amount is generally limited to only ten pills per written prescription. To obtain more pills, the doctor should meet with the patient again to evaluate the need for more narcotics.

The change has already had a dramatic effect on Vicodin sales. There has been a 13-million pill reduction in Vicodin during 2015 compared to 2014 just in West Virginia according to the state Controlled Substance Monitoring Program report. However, narcotics not covered in the new regulations are seeing sharp increases. prescriptions for the painkiller Tramadol have increased from less than 1 million pills to 35.5 million pills. Tramadol, a schedule IV narcotic drug does not have the restrictions of Vicodin.

**https://www.google.com/?gws_rd=ssl#q=changes+in+prescribing+hydrocodone*

Ultram/Tramadol: The new Vicodin?

- ✦ **New class of narcotic lower abuse potential.**
- ✦ **Not as euphoric as Vicodin.**
- ✦ **Sch. IV in 2014 by DEA do to recreational abuse.**
- ✦ **13,000 O.D.'s, 9 deaths, 3.2 million abusers.**
- ✦ **Easy to obtain vs Vicodin.**



**50mg generic
Tramadol**

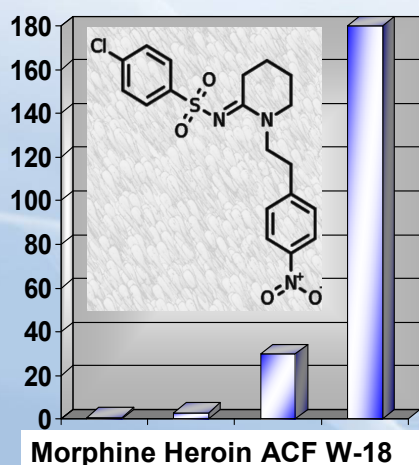
The drug that potentially could replace Vicodin as the most popular narcotic in America is known by the trade name Ultram® and the generic name Tramadol. Originally approved for use in America in 1995 as an entirely new class of pain killer that would not cause addiction, it was quickly discovered that the drug can be abused and does cause addiction. However, a 2014 report by the World Health Organizations Expert Committee on Drug Dependence states “....in many cases of Tramadol dependence, a history of substance abuse is present....but....the evidence for physical dependence was considered minimal. Consequently, Tramadol is generally considered as a drug with low potential for dependence.”

Narcotics abusers posting on pro-drug forums have very mixed reviews on the recreational use of the drug. A few abusers claim it is a very strong narcotic, but most abusers say it does not provide the euphoria of Vicodin and is not worth the health risks that appear at high doses.

According to the American Association of Poison Control Centers, there were a total of 13,067 Tramadol exposures in 2012 and 9 deaths. The Drug Abuse Warning Network (DAWN) reported an estimated 16,251 emergency department visits were related to Tramadol Abuse. According to the National Survey on Drug Use and Health 3.2 million people in the U.S. aged 12 or older use Tramadol for a recreational intoxicating effect.*

*<http://tinyurl.com/DEA-Ultram>

W-18: New “Super Heroin”



- ✦ Yellow power, found in fake OC-80 pills in Canada.
- ✦ Synthetic, “10,000 times potency of Morphine.”
- ✦ 30 possible analogs.
- ✦ Difficult to dilute, not as euphoric as heroin.
- ✦ Sweden, Australia, Canada.
- ✦ Difficult to detect, not yet illegal in US.

©2016 Bruce R. Talbot Associates Inc.

W-18, the new designer synthetic narcotics, may become the next “Super Heroin.” Currently, street heroin (taken intravenously is three times more potent than morphine) is being dosed with Acetyl Fentanyl to boost the euphoria effect to attract more buyers. Estimated to be between five to fifteen times more potent than heroin, Acetyl Fentanyl has been responsible for a number of recent narcotic overdose deaths in the US, Canada, and Europe. In response, the US banned Acetyl Fentanyl in May of 2015 and now drug dealers have employed a new synthetic narcotic that is 100 times more potent than fentanyl! Known as W-18, (1-(4-Nitrophenylethyl) piperidylidene-2-(4chlorophenyl) sulfonamide), it is a unique narcotic not related to fentanyl or other known synthetics. It was discovered by researcher Edward E. Knaus and first appeared as a street drug in Sweden. It was quickly banned in Sweden in January, 2016, but has now spread to Canada. Calgary Police reported seizing the drug January 28, 2016 and other reports from Australia appear to show W-18 is spreading worldwide. Very few crime labs can currently test for W-18 so, much more of the drug may be on the streets than what has been publicly reported.*

Chemically, this yellow powder is difficult to properly dilute into heroin as it is not water soluble. The W-18 seized by police in Canada has found in counterfeit 80 mg OxyContin pills. One user of W-18 claims to have snorted 600 micrograms (in 50 microgram increments) and related W-18 does not produce the euphoria that heroin and OxyCodone produces.**

*Feb. 22, 2016 Canadian News Report at: <http://tinyurl.com/hxnljt8>

**The Blue Light forum site at: <http://tinyurl.com/zvllalr>

AH-7921: “Badger Repellent”

- 1970's synthetic narcotic, 80% potency of morphine.
- Not illegal in US, many deaths in Europe.
- ➡ Seized in Reno, NV sold as “Badger Repellent.”
- ➡ Dealer said: “Looking for legal analog.”
- ➡ Mixed with pot and smoked.
- ➡ Detected in N.Y. race horse!



©2016 Bruce R. Talbot Associates Inc.

A drug dealer was arrested in Reno, Nevada selling packets of “Badger Repellent” Super Bubbles. Police crime laboratory analysis of the substance detected the 1973 research chemical 3,4-dichloro-N-[[1-(dimethylamino)cyclohexyl]methyl]-benzamide, commonly known as AH-7921. Research by the British pharmaceutical company Allen and Hanburys Ltd., which discovered the synthetic narcotic drug, found it had a potency of just 80 percent the power of morphine based on lab testing of mice. The drug was never submitted for approval in humans, but illicit chemists have been making the synthetic in clandestine labs as “legal heroin.” Japanese police discovered AH-7921 being sold in packets of “synthetic marijuana” in 2013 despite the drug producing a narcotic effect rather than a cannabis effect. The drug next appeared in Australia and Europe resulting in 68 over-dose deaths, prompting criminal bans in 2015 in several European counties and Australia.* The drug also has been found in Brazil and Canada in addition to the US seizure in Reno. In December, 2015, the New York Horse Racing anti-doping commission discovered AH-7921 in race horses to mask injury-pain in the animal.** User reports on underground pro-drug web sites claim AH-7924 is “easy to synthesis in 3 steps from KCN, cyclohexanone, dimethylamine-HCl, and 3,4-dichlorobenzoyl chloride in 30 percent yield as a beige powder” which is bitter to taste. Many users mix with cannabis and smoke the drug. There are a number of related narcotic analogues similar to AH-7021 including BRL-52537, GR-89696, ICI-199,441, ICI-204,448, LPK-26, and U-50488, so substitution of a chemical kissing cousin of AH-7921 is likely.

*<http://tinyurl.com/zqdkzac>

**<http://tinyurl.com/jklhnwh>

“U-4” Synthetic Narcotic U-47700



**\$39
gram
on-line**



- Synthetic narcotic related to AH-7921.
- 2x heroin potency.
- 2-hour high, very addictive.
- ⚡ Nasal use = nose bleeds.
- ⚡ Wide-spread: Florida, New England, Texas, and 3 OD's in Pontiac, IL.
- ⚡ Not Illegal in most areas.

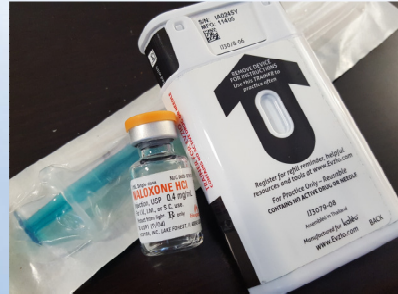
©2016 Bruce R. Talbot Associates Inc.

U-47700 (*trans-3,4-dichloro-N-(2-(dimethylamino)cyclohexyl)-N-methylbenzamide*) is a designer synthetic narcotic drug invented by a team at Upjohn Pharmaceutical in the 1970s. Never tested in humans, animal studies of the drug found it is 7 ½ times more potent than morphine. U-47700 is closely related to AH-7921 and there are many possible designer drug analogs possible such as U-50488. Upjohn posted over a dozen patents on these related synthetic narcotics which all share very similar structures. U-47700 has never been studied in humans, but it should produce similar effects to heroin euphoria, a sleepy “on the nod” sedation, and respiratory depression which can be fatal. Tolerance and dependence would be expected to develop similar to any other narcotic. U-47700 is widespread with overdose reports from New York, New Jersey, Pennsylvania, and Dallas, Texas.* In February, 2016 three individuals in Pontiac, Illinois were rushed to the hospital after reportedly using U-47700. Hospital drug screening tests were negative but Narcan reversed the narcotics overdose symptoms. One victim died, one refused to divulge any information, but one (a late teen male) stated he had purchased U-47700 over the internet. There were several deaths reported in Belgium in January, 2016. User reports dating back to 2013 on pro-drug web sites such as Blue Light relate the drug is being purchased in powder form as a research chemical in 1 gram packets. Users snort 6 mg up the nose, which causes a burning sensation and nose bleeds, for a 2-hour heroin-like euphoric effect. Experienced narcotics users report injecting 10 mg for a 2-hour high that is reported as more euphoric than heroin. Other users Vape the drug, mix it with water for oral use, or place it in the rectum, to avoid nasal damage. Street users often call the drug “U-4” and it can be purchased for \$39 per gram.

*<http://tinyurl.com/zwfsxqm>

Case Study & Recommendation: “Police Narcan Program.”

- Narcan nasal spray displaces narcotics in brain receptors.
- Reverses overdose if given within ten minutes.
- 1,244 officers trained with \$40K from County Health Dept.
- 2-saves: Villa Park (sheriff), Hanover Park PD.
- Quincy, MA 221 saves out of 221 narcotics overdoses!



**Plus Nasal Spray,
Auto Injector**

©2016 Bruce R. Talbot Associates Inc.

Narcan® is the trade name for naloxone, a chemical related to OxyCodone that does not provide a narcotic high but rather displaces any narcotic that is sedating the respiration regulating centers of the brain. Narcan use by non-medical personnel to reverse narcotic overdose began in 1996. A recent nationwide survey of 50 non-medical programs found they provided training and distribution of Narcan to more than 5,000 volunteers, which resulted in 10,171 narcotic overdose reversals. Police use of Narcan began in October of 2010 in Quincy, Massachusetts, a Boston suburb of 99,000 which had experienced 99 heroin overdose deaths in just 18 months. Since the start of the program, Quincy police have used Narcan nasal spray 221 times and reversed 211 narcotics overdoses. Today, many police agencies in New England, especially New York state, carry Narcan nasal spray.

Illinois Public Act 96-0361 enacted in 2010 amends 20 ILCS 301/5-23, makes it legal for non-medical persons to administer Narcan to reverse narcotic overdose. The law authorizes the Department of Alcoholism and Substance Abuse (DASA) to permit programs within the state to distribute Narcan provided they are approved by DASA. Starting with a pilot program in November of 2013, DuPage County Health Department has trained and supplied Narcan nasal spray kits to 1,244 police patrol officers and looks to expand the program to over 2,000 police officers including college police, park police and forest preserve district rangers. Police are trained to identify the signs of narcotic overdose and to spray half the dose up each nostril of the subject. Narcan has no adverse effects if given to a non-narcotic user. For information on setting up a program outside of DuPage County contact Richard Weisskopf at (312) 814-3840, or via e-mail at: Richard.Weisskopf@Illinois.gov

Fake Xanax Pills Appearing



**Xanax
Pill Die
and
Press
Sold On
E-Bay
\$500**

Oct. 2015 NDEWS Report:

- ✦ Etizolam, unregulated Xanax analog combined with Fentanyl.
- ✦ Etizolam purchased as a powder from India.
- ✦ Pill machines and dies sold on E-Bay.
- ✦ Sales on “DarkNet” using BitCoins.

©2016 Bruce R. Talbot Associates Inc.

Fake Xanax pills sold on the streets have been a problem for some time now. Usually cheap Xanax powder or the uncontrolled depressant drug Etizolam is imported from India and stamped into the classic Z-bar Xanax shape using a \$150 pill stamp and die that can be purchased on eBay®, and then sold in nightclubs or on the street. Etizolam is related to Xanax and is not a controlled substance in the U.S. Etizolam is sold over the Internet and at local retail shops as a “research chemical.” The National Forensic Laboratory Information System reports the number of Etizolam drug incidents increased from 3 in 2012 to 140 reports from 21 states through June of 2014. The DEA issued an alert in 2014 noting increased street drug abuse of Etizolam, however, news reports out of San Francisco are warning of a deadly combination of fake Xanax bars containing the powerful narcotic Fentanyl and Etizolam. The National Drug Early Warning System Network reports there have been three hospitalizations and one death in the San Francisco area.

On October 12, 2015, Canadian police arrested two men with over two million fake pills and \$200,000 in cash. The pair had machines capable of pumping out 20,000 pills an hour including fake Xanax and OxyContin pills. Large quantities of the pills can be purchased on “dark web sites” for as little as \$0.50 per pill in quantities of 60,000 pills. These dark web sites can be found using Reddit’s “DarkNetMarkets” sub-reddit and include the dark sites “Nucleus” and “Agora.” Purchases are made using only BitCoins so there is no government tracing of cash transactions.*

*<http://tinyurl.com/ola5km3>

Fake OC Sweeps US: Fentanyl



- ✦ Traffic stop on I-80.
- ✦ Light green “OC/80” pills.
- ✦ \$370,000 cash in car.
- ✦ Wide-spread nation-wide.
- ✦ Pills smaller than real OC.
- ✦ Solid green inside (real OC white inside).
- ✦ Huge lab busted in L.A., Calif., 2016 seizure in Canada.

©2016 Bruce R. Talbot Associates Inc.

According to the DEA Laboratory Microgram Bulletin of January 2006, the Douglas County Sheriff's Department Laboratory (Omaha, Nebraska), recently received eleven apparent OxyContin tablets from the Cass County Sheriff's Department in Atlantic, Iowa (see above photo).

The tablets were part of a poly-drug and currency seizure made pursuant to a vehicle stop on westbound I-80 near Atlantic (about 40 miles east of Omaha, Nebraska). The tablets (total net mass 1.56 grams) were light green and approximated the physical dimensions, weight, and logo of 80 milligram OxyContin (oxy codone) tablets. Analysis by GC/MS, however, indicated not oxy codone but rather fentanyl. This was the first ever submission of fentanyl-containing OxyContin mimic tablets. A seizure of similar fentanyl-containing OxyContin mimic tablets was recently made by the New York city Police Department.

These fake “OC” pills are now appearing all over the US. In August of 2006, the DEA reported 44 green tablets with “OC” and “80” logos on opposite faces, apparent OxyContin were seized from an abandoned duffel bag in Albuquerque, New Mexico. The tablets were distinctly smaller than legitimate “OC/80” tablets; in addition, they were green all the way through (legitimate “OC/80” tablets are white inside).

A large fentanyl lab was discovered in a Los Angeles California suburb (Azusa) which was producing hundreds of fake “OC/80” pills containing fentanyl to satisfy the demand for OxyContin.

Fake/Real Methaqualone “714’s”

- ✦ '65-'83 powerful hypnotic-tranquilizer.
- ✦ Abuse peaked in 1980 as a Disco club drug.
- ✦ Very addictive, deadly with alcohol.
- ✦ Illicit labs in Serbia, Syria, and South Africa.
- ✦ Fakes: Mecloqualone analog, Etizolam, diphenhydramine.



Pill die and press for sale on e-Bay to make fakes

©2016 Bruce R. Talbot Associates Inc.

Methaqualone was a powerful prescription sleeping pill that was also used as a tranquilizer in the 1960's but quickly became a very popular party drug in the '70's-'80's. After hundreds of deaths and sexual assaults, the drug was banned in 1983. A round, white pill, with the head stamp “Lemmon 714” (often called “Ludes,” on the street), fake 714 pills have become popular after the recent publicity of high profile Hollywood celebrity use as a sex assault facilitating drug and from the movie “The Wolf of Wall Street.”

There are two types of 714 pills: 1). counterfeits of the original chemical being made in clandestine labs in Serbia and also in Syria (to help fund their civil war), and recent reports of labs producing the pills in half a dozen nations in Africa (where the drug is called Mandrax.* 2). fakes containing a different chemical such as the analog Mecloqualone, or similar acting drugs such as Alproazolam, or Etizolam. Cheap, easier to make fakes made locally may contain common diphenhydramine (Benadryl®) or Dextromorphan (cough suppressant).

The DEA has reported “sporadic” seizures of Methaqualone in 2015 and there were a few seizures along the US/Mexican boarder by Customs agents. Locally, Health Lane Ltd., of Crescent City, Illinois was found advertising on-line via LinkedIn® selling “Lemmon 714” pills. A smart local illicit manufacturer of Lemmon 714 pills would use Etizolam because it is not an illegal drug and a die and press set purchased from E-Bay so the fake pill would have the correct head stamp.

**“National Report of Drug Situation in Serbia,” April, 2014, European Centre for Drugs and Drug Addiction, page 11.*

2016: The Return of Cocaine



Coast Guard seizes cocaine sub with 16,000 lbs cocaine, 1 of 25 stopped in Pacific and Atlantic.

- ✦ Cocaine seizures up from 91 tons to 144 tons in 2015.
- ✦ \$1 Billion cocaine seizure, Aug. 2015 breaks record.
- ✦ Report shows only 11% was stopped.
- ✦ Estimated total flow more than doubled.

©2016 Bruce R. Talbot Associates Inc.

The October, 2015 DEA National Drug Threat Assessment states "the availability of cocaine in the United States remained at historically lower levels." And the National Forensic Laboratory Information System 2014 Annual Report (published November, 2015) states, "Cocaine reports decreased between 2006 and 2014." However, these reports are based on data that in some cases is more than two years old. The United States Coast Guard is the trip-wire for cocaine importation into the United States, seizing more cocaine than all police agencies in the US—combined! In the January, 2016 Coast Guard Anti-Drug Interdiction Performance Report, the Coast Guard states they seized 144 metric tons of cocaine in 2015, up from 91 metric tons seized in 2014. However, the most important data point in the report states the estimated actual flow of cocaine into the United States was 1,254 metric tons, more than double the flow of 577 metric tons in 2013. The Coast Guard estimates they were able to stop 11.5 percent of cocaine coming into the United States, missing their goal of stopping at least 13.8 percent. The main reason given for missing their performance goal: the dramatic increase in the volume of cocaine coming (more than double the amount from two years prior) lowered the percentage seized. Doubling the amount of cocaine coming into the country means lower cost, higher potency cocaine in American cities for 2016. The Coast Guard report warns that in 2016 the United States Navy will be cutting their role in support of anti-cocaine trafficking efforts and thus, the Coast Guard is lowering their expected seizure goal for 2016.*

*<http://tinyurl.com/gqpne5w>

Medical Marijuana Trend

Kentucky & 43 States

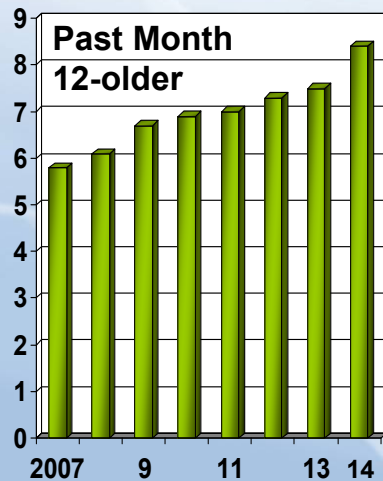


- ✦ **CBD: 1 of 113 “cannabinoids”**
- ✦ **Not intoxicating.**
- ✦ **54% reduction in seizures in rare form of Epilepsy.**
- ✦ **FDA: most CBD tested is fake.**
- ✦ **KY controlling production, available from 2 hospitals.**
- ✦ **FDA “fast track” of Epidiolex.**
- ✦ **Will not trip drug test!**

Kentucky joins 42 states and the District of Columbia in changing the criminalization of marijuana. These law changes can be divided into three broad categories: 1) states, such as Colorado, have legalized all forms of marijuana for recreational purposes, 2) states, such as Illinois, have only legalized marijuana for medicinal purposes, and 3) states, such as Kentucky, have only legalized CBD marijuana extract oil for medicinal purposes. Kentucky Senate Bill 124 allows doctors at the University of Louisville and University of Kentucky research hospitals to provide Cannabidiol (CBD) to patients suffering from epilepsy. The state will synthesize CBD from industrial hemp crops that seven farmers plan to grow for various pilot projects for Kentucky research facilities. CBD oil is widely available over the internet but can cost \$100 per ounce. Cannabidiol (CBD) is one of 113 different cannabinoid chemicals found in marijuana that act on the cannabinoid receptors in the human brain. Research published in 2016 in the New England Journal of Medicine found pure (99 percent), pharmaceutical grade (Epidiolex by GW Pharmaceutical Company) showed a 54 percent reduction in the number of seizures among 137 patients with Dravet’s or Lennox–Gastaut syndrome, rare forms of epilepsy. The FDA is “Fast Tracking” Epidiolex as an approved medicine. The problem with non-regulated CBD oils is that the FDA tested these unregulated products and many contained no detectable amounts of CBD.* Much of what is being sold is merely “snake oil.”

**<http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm435591.htm>*

June, 2016 Marijuana Report—



- ✦ More H.S. daily pot Same as cigarette smoking!
- ✦ 6% are daily users in H.S.
- ✦ 7.4% at least monthly use.
- ✦ Daily use starts in 7th grade.
- ✦ 8.4% past month 12 and older.
- ✦ 19.6% past month 18-25.

According to the June, 2016 “Monitoring the Future” report issued by the University of Michigan, adolescent marijuana has use approached a significant line. In 2015, daily use of marijuana was nearly the same as daily cigarette smoking among 12th grade students.* Daily or near-daily usage levels for seniors in high school is listed at 6 percent (daily defined as smoking marijuana on 20 or more days in the past month). By comparison, in 1992, the rate of daily marijuana use among high school seniors was only 1.9 percent.

Daily marijuana use can begin at a very young age. Noted in the 2015 report, a substantial percentage of the 12th grade daily marijuana users began daily use in 7th grade! Demographically, students who reported smoking marijuana daily for three years or more tended to be male and did not plan on attending college.

The September, 2015 National Survey on Drug Use and Health states the percentage of people aged 12 or older who were current marijuana users in 2014 has increased since 2002. This occurred at a time when other adolescent drug abuse actually fell in 2015. In 2014, 7.4 percent of adolescents aged 12 to 17 were users of marijuana every month. This represents just under 2 million adolescents abusing marijuana.**

*http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2015.pdf

**<http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

Discussion . . .

Sgt. Bruce R. Talbot (ret)
<http://DrugRecognition.com>



Bibliography

“2015 Annual Report of the Kentucky Office of Drug Policy Control”

Commonwealth of Kentucky, Justice and Public Safety Cabinet, February, 2016.

“1st Qt. 2016 KASPER Trend Report” Office of the Kentucky Inspector General.

“2014 National Survey on Drug Use and Health” SAMSA, September, 2015.

“2015 Monitoring the Future” University of Michigan Ann Arbor, February, 2016.

“National Forensic Laboratory Information System Annual Report” DEA Office of Diversion Control, 2014.

“Hep-Cats Narcs, and Pipedreams: A History of Americas Romance with Illegal Drugs” Jill Jonnes, 1999, John Hopkins University Press

“Fentanyl: Drug Facts” National Institute on Drug Abuse, June 2016.

Bruce R. Talbot Associates Inc., 2243 SE 27th ST Cape Coral, FL 33904
Voice Mail: (630) 253-8404 E-Mail: [BruceRTalbot @DrugRecognition.com](mailto:BruceRTalbot@DrugRecognition.com)
<http://DrugRecognition.com>